

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000075994 (9)

1. Corporation Name
STACEY INVESTMENT, INC.



Principal Place of Business
31608 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684

Mailing Address
31608 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684-3723

3. Date Incorporated or Qualified 09/11/1996
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. # etc.

26 162 Old Surrey Lane

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

LYC 7E5

30

Canada

4. FEI Number 59-3412702
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LONG, DENNIS R
31608 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LONG, DENNIS R	
STREET ADDRESS	31608 U.S. HIGHWAY 19 NORTH	
CITY - ST - ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Morcos, Boufros	
1.3 STREET ADDRESS	162 old surrey lane	
1.4 CITY - ST - ZIP	Richmond hill, on LYC 7E5 Canada	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Babcock, Dave	
2.3 STREET ADDRESS	11 Sims Crescent unit 2	
2.4 CITY - ST - ZIP	Richmond hill, on LYC 1B9 Canada	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Khreich, Ghassan	
3.3 STREET ADDRESS	11 Sims Crescent unit 2	
3.4 CITY - ST - ZIP	Richmond hill, on LYC 1B9 Canada	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Morcos, Saoud	
4.3 STREET ADDRESS	162 old surrey lane	
4.4 CITY - ST - ZIP	Richmond hill, on LYC 7E5 Canada	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Babcock, Theresa	
5.3 STREET ADDRESS	11 Sims Crescent unit 2	
5.4 CITY - ST - ZIP	Richmond hill, on LYC 1B9 Canada	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Khreich, Antoinette	
6.3 STREET ADDRESS	11 Sims Crescent unit 2	
6.4 CITY - ST - ZIP	Richmond hill, on LYC 1B9 Canada	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *[Signature]* 01/17/1997 905-886-5679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)